

Intermountain doctors will be more frank about childhood obesity

Early prevention » Starting next year, primary care physicians will assess every child's body mass index.

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Highland -- Tony and Cindy Peckson knew their daughter, Rowena, was gaining too much weight a couple of years ago.

And they knew why: Afraid of riding a bike and uninterested in sports, Rowena, now 9, preferred watching the Disney Channel. Her mother called it an "addiction."

And the family ate out at fast-food joints, it seemed, every other day.

But the Utah County family didn't take action until Rowena's pediatrician said he was concerned -- something that will likely become more common as pediatricians are now being urged to aggressively identify overweight children and intervene.

With Rowena's growth chart in hand, pediatrician Scott Mumford showed the family that their chubby-cheeked, bespectacled girl is technically considered obese, weighing about 20 pounds more than the normal weight for her short stature.

While Rowena doesn't have weight-related health problems now, diseases that used to sicken only adults are now being found in overweight children, too, such as diabetes, sleep apnea, high cholesterol and blood pressure, and non-alcoholic fatty liver disease.

And then there's the teasing. Rowena has told her parents that she's been called "the fat girl."

Mumford referred the family to a dietician, who suggested they enroll in a yearlong pediatric weight-management program that teaches families about nutrition and exercise.

"I worried a lot," Cindy Peckson says about watching Rowena get bigger. "I've seen people in my family that once you gain it on, it just never goes off again."

A new model. Many Utah parents should expect frank conversations about their children's weight in the coming year. It could become as routine as talking about vaccines and car seats.

Utah Department of Health data show 21.5 percent of elementary-aged students are overweight or obese and 9 percent of teens are obese.

In response, Intermountain Healthcare, the state's largest health-care provider, is requiring its primary care physicians -- in 100 clinics throughout the state -- to implement a new weight-management model next year.

Instead of waiting until a problem is obvious, doctors will assess every child's body mass index, calculated by dividing weight by height, and use federal growth charts to determine if they are overweight or obese. Doctors will determine whether such children have underlying medical causes, such as a rare genetic disorder, and if they have weight-associated health problems. And they will get help to get healthy.

Tamara Lewis, who helped develop the model as medical director for Intermountain's community health and prevention program, says 80 percent of overweight adolescents will become obese as adults.

"What we can do is get them turned around in the early years when they have a chance of succeeding at keeping it off," she says.

Intermountain also has retooled its pediatric weight-intervention program, now called Live. In groups or individual counseling, families learn about nutrients, label reading, meal planning, self-esteem and body acceptance, how to limit screen time and ideas for boosting physical activity.

About 200 families have enrolled since last year, including the Pecksons. Group classes cost \$225; SelectHealth reimburses \$200 for overweight children.

'Are you blind?' Daniel Jackson, a specialist who deals with diseases of the digestive tract, treats overweight patients at the gastroenterology clinic at Primary Children's Medical Center. Frustrated that many patients come in as teens, when they are harder to help, he is urging pediatricians to be the "first responders to this epidemic."

He noted doctors are quick to refer young patients to him when they are "failing to thrive," i.e., losing weight. But they're not concerned enough with what he calls "thriving to fail" -- when their patients are overweight or rapidly gain weight even as infants, which has been associated with being overweight later on.

He says pediatricians should be particularly concerned when the parents are obese, since their children have a risk up to 13 times greater of being the same.

"Are you blind as a pediatrician?" asks the animated Jackson. "The parents are big and the baby comes in as chubby. Do you just wait and intervene later or do you think about it now?... I don't think pediatricians feel the mandate to do anything and they may not feel like they have the evidence."

Jackson, who helped develop Intermountain's new model, is providing the evidence by giving presentations on obesity to pediatricians. He says they should start paying attention to weight when the patient is as young as 4 months old, because that's when babies should start eating on a schedule and not on demand.

One of Jackson's patients is 3 years old and weighs 78 pounds. She is as big as an obese 7-year-old, he says. Such overweight youngsters are "nibblers and juicers." They eat on demand and in large portions. Their parents may have a low tolerance for crying and solve the problem with food instead of, say, playing.

"We're seeing too much food and not enough activity," agrees Pauline Williams, who oversees the Live program. She offers an extreme example of a 5- or 6-year-old in the course who was drinking up to three 2-liter bottles of orange soda a day. The mother "didn't understand that was bad. Some parents just need a little education."

'My goal is to grow tall.' Cindy Peckson says she's eating more vegetables to set a good example. Tony Peckson says he now rarely takes Rowena out to fast food. They've all cut back on TV -- a task made easier after their church leader urged everyone in October to eliminate screen time. Instead, the family is reading the Harry Potter series at night. When Rowena wants an extra snack, she knows she has to walk around the block for it.

"My goal is to grow tall and have a healthy lifestyle," the fourth-grader says in her living room, after her now-routine ride on her scooter. "You want to grow up and not out, right?" Tony Peckson prompts.

Her parents and doctor's goal is not for Rowena to lose weight, though she proudly tells her parents that she's losing her "Buddha tummy." Weight loss is rarely recommended for children unless they have secondary complications because doctors don't want to restrict nutrients needed to grow.

Instead, they want her to learn healthy habits. "If we can get her set in the right patterns now, I think she'll be fine when she's older," Tony Peckson says. "If your pediatrician suggests this, you should take it seriously. We would do anything for this little girl, huh, Row?" he says, patting her hair.

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Eight tips for healthy weight

To reach and maintain a healthy weight, Intermountain Healthcare suggests the following tips:

» Always eat a healthy breakfast, with combinations such as eggs, toast and milk.

» Eat more fruits and vegetables, 1 to 2 cups a day of each.

- » Limit soda and sports drinks to 12 oz. a week and juice to less than 6 oz. a day.
- » Limit TV, video games and Internet to no more than two hours a day.
- » Exercise at least 60 minutes a day.
- » Eat meals as a family.
- » Be positive about food. Don't use it as a reward or punishment.
- » Don't criticize yourself or others about weight.

Source: Intermountainlive.org